



DOCKET NO.: 02-MAR-301

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

APPL. NO. : 10/619,297 CONFIRMATION NO.: 6309
APPLICANTS : MARK H. PRATLEY & DANIEL L. THELEN
TITLE : LUBRICATION OPTIMIZATION OF SINGLE SPRING
ISOLATOR
FILED : July 14, 2003
ART UNIT : 3748
EXAMINER : THAI-BA TRIEU
CUSTOMER NO. : 00200

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

I, Lorelei K. Dingethal, hereby certify that this correspondence is, on May 11, 2004, being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Lorelei K. Dingethal

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

Responsive to the Office Action dated March 11, 2004, please amend the above-identified application as follows:

Amendments to the Abstract begin on page 2 of this paper.

Amendments to the Specification begin on page 3 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 5 of this paper.

Remarks/Arguments begin on page 7 of this paper.



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Commissioner for Patents
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Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an **amendment** in the above-identified application.

☐ No additional fee is required

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	RATE	ADD'L. FEE
TOTAL	* 5	- **	20	= 0	X \$18.00	= \$0.00
INDEP.	* 1	- ***	3	= 0	X \$84.00	= \$0.00
	FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$280.00	= \$0.00
					TOTAL	\$0.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 05-0275 in the amount of **\$0.00**. A duplicate copy of this sheet is attached.

☐ A check in the amount of \$_____ is attached.

☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to **Deposit Account No. 05-0275**. A duplicate copy of this sheet is attached.

☐ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
Any patent application processing fees under 37 CFR 1.17.

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